PART B - FEE(S) TRANSMITTAL

Complete and this form, together with applicable fee(s), to: Mail

JUN 0 9 2004

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

(703) 746-4000 or Fax

This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where the further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for NSTRUCTION appropriate. All maintenance fee notifications

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

04/06/2004

-- Fogg, Slifer & Polglaze, P.A. P.O. Box 581009 Minneapolis, MN 55458-1009

Leffert Jay & Polglaze, P. A. Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Susan W. Donovan	(Depositor's name)
Lusan W. Donoran	(Signature)
June 7, 2004	(Date)
•	

	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
• `	09/901,320	07/09/2001	Rosario Brancato	118.002US01	7767

TITLE OF INVENTION: USE OF UBIQUINONE Q10 FOR THE LOCAL TREATMENT AND PREVENTION OF POST-SURGICAL OPHTHALMOLOGIC **PATHOLOGIES**

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO Yes	\$1930	665.	- \$300	\$7 630 \$965.	07/06/2004
EXAM	IINER	ART UN	IT .	CLASS-SUBCLASS]	
SAUCIER,	SANDRA E	1651		514-690000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent				
			or agents. If no name is liste		7	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Giuseppe Simonelli

Rome, Italy

Please check the appropriate assignee category or categories (will not be printed on the patent);

☑ individual ☐ corporation or other private group entity

4a. The following fec(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

Publication Fee

A check in the amount of the fee(s) is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies

The Director is hereby authorized by charge the required fec(s), or credit any overpayment, to Deposit Account Number 501373 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)	ML	(Date)
worked Wy	5200	7.10404
NOTE; The Issue Fee and Publi	cation rec (if required)	will not be accepted from anyone
other than the applicant; a regis		or the assignee or other party in

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

06/10/2004 MBERHE1 00000205 09901320

85 FE:3384 03 FC:8001

TRANSMIT THIS FORM WITH FEE(S)

. 10	
First Named Inventor	Rosario Brancato
serial No.	09/901,320
Filing Date	July 9, 2001
Group Art Unit	1651
Examiner Name	Sandra E. Saucier
Confirmation No.	7767
Attorney Docket No.	118.002US01

GENERAL TRANSMITTAL FORM UNDER 37 CFR 1.8

(SMALL ENTITY)

Title: USE OF UBIQUINONE Q10 FOR THE LOCAL TREATMENT AND PREVENTION OF POST-SURGICAL OPHTHALMOLOGIC PATHOLOGIES

Mail Stop: ISSUE FEE Commissioner for Patents P. O. Box 1450

Alexandria, VA 22313-1450

Enclosures

The following documents are enclosed:

- "Fee Address" Indication Form (1 pg.);
- A check in the amount of \$12.00 (advance order of 4 patent copies);
- A check in the amount of \$665.00 (SMALL ENTITY Issue Fee);
- $\frac{X}{X}$ $\frac{X}{X}$ XA check in the amount of \$300.00 (Publication Fee);
- An itemized return-receipt postcard

Leffert Jay & Polglaze, P.A. P.O. Box 581009 Minneapolis, MN 55458-1009

T - 612/312-2200

F-612/312-2250

Please charge any additional fees or credit any overpayments to Deposit Account No. 501373.

CUSTOMER NO. 27073

Submitted By 40,697 Thomas W. Leffert Reg. No. (612) 312-2204 Name Telephone Date Signature Certificate of Mailing I certify that this correspondence and the identified documents listed on this transmittal are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop: ISSUE FEE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on June 7, 2004. Susan W. Donovan Signature Name